

CITY OF WEBSTER  
85 E CENTRAL AVE  
WEBSTER, FL 33597



## PERMIT RENEWAL FOR STORAGE CONTAINERS

BUSINESS NAME: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_

SITE ADDRESS FOR STORAGE CONTAINER: \_\_\_\_\_

DESCRIPTION OF CONTAINER: \_\_\_\_\_

DESCRIPTION OF LOCATION: \_\_\_\_\_

NUMBER OF CONTAINERS I OWN: \_\_\_\_\_

*BY SIGNING MY SIGNATURE BELOW, I AM CERTIFYING THAT THE ABOVE INFO IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM THE OWNER OF THE STORAGE CONTAINERS LISTED ABOVE.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY:

PERMIT # \_\_\_\_\_

COLOR \_\_\_\_\_

EXPIRATION \_\_\_\_\_